MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/			/			51			Ø		/			
2		/5		/			52			Ø		/			
3		5		/			53		/	/					
4				/			54			/		/			
5							55			/		/			
6							56			/		/			
7							57			4		/			
8							58			4		/			
9							59			Ø		/			
10							60			Ø		/			
11							61			Ø		/			
12							62			Ø					
13							63								
14							64								
15							65								
16							66								
17							67								
18							68								
19							69								
20							70								
21							71								
22							72								
23							73								
24							74								
25							75								
26							76								
27	/			/			77								
28		1		/			78								
29		2		/			79								
30				/			80								
31				/			81								
32				/			82								
33							83								
34							84								
35							85								
36							86								
37							87								
38							88								
39							89								
40							90								
41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	←		←		←		TOTAL IND.			←		←		←	
TOTAL DEP.							TOTAL DEP.				3				
TOTAL CLAIMS							TOTAL CLAIMS				59				

*MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)